PERFORMANCE APPRAISAL of HR FOR URBAN RCH Programme

PART-I (Common for All)

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| REVIEW PERIOD:NAME:DATE OF JOINING:LOCATION:DATE OF COMPLETION OF CONTRACT: |

PART-II

1. Major responsibilities assigned during the review period (As per assigned duties)
2. Performance & Achievements (Please comment on the major achievements during the reporting period)
3. Quantitative Assessment

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| --- |
| Medical Officer (UHP) |
| Sl.No. | Activities | Achievement |
| 1 | No. of OPD cases attended |  |
| 2 | No. of ANC/PNC cases handled at the facility |  |
| 3 | No. of Emergency cases attended against the total no. of cases |  |
| 4 | No. of delivery cases handled at the facility |  |
| 5 | No. of infant/neonatal cases attended |  |
| 6 | No. of family planning cases attended for Family Planning method |  |

Details Regarding the Field Visit:

|  |  |  |
| --- | --- | --- |
| a | No. of Clinics in Urban Slum  |  |
| b | No. of meetings/staff meetings attended. |  |
| c | No. of schools visited in Urban slum area at regular intervals for medical check ups |  |

SPECIALISTS (Urban RCH Lucknow)

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| GYNAECOLOGIST |
| SL.NO. | Activites | Target | Achievement |
| 1. | No. of normal Deliveries conducted  |  |  |
| 2. | No. of Assisted Deliveries  |  |  |
| 3. | No. of Caesarean Section operation  |  |  |
| 4. | No. of MTP/Safe Abortion  |  |  |
| 5. | No. of Sterilization operation  |  |  |
| 6. | No. of complicated cases referred |  |  |

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| PEDIATRICIANS |
| Sl. No. | Activities | Target | Achievement |
| 1. | No. of Children attended in OPD |  |  |
| 2. | No. of Children admitted indoor  |  |  |
| 3. | No. of newborns resuscitated in labour room  |  |  |
| 4. | No. of sick newborns treated  |  |  |
| 5. | No. of complicated cases referred |  |  |
| ANESTHETIST |
| Sl. No. | Activities  | Target | Achievement |
| 1. | No. of General Anesthesia  |  |  |
| 2. | No. of Spinal Anesthesia  |  |  |
| 3. | No. of Local Anesthesia  |  |  |

1. Qualitative Assessment (Common for all)
* Interpersonal Relationship

(Attitude towards and degree of co-ordination with colleagues, subordinates, seniors and other departments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Behavior with patients

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Flexibility and Adaptability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Is punctual

|  |  |  |
| --- | --- | --- |
| Always | Sometimes | Never |

* Is dependable for tasks assigned

|  |  |  |
| --- | --- | --- |
| Always | Sometimes | Never |

1. Any extraordinary achievement made or reasons for shortfall if any during the reporting period
2. Remarks of the Assessing Authority

Overall assessment of the appraise:

Recommendation : Contract Renewed / Contract Terminated

 Signature:

Date: Name & Designation:

PERFORMANCE APPRAISAL FORM (Staff nurse/ ANM/Data Assistant) for Urban RCH Programme

 PART-II (Common for All)

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| --- |
| REVIEW PERIOD:NAME:DATE OF JOINING:LOCATION:DATE OF COMPLETION OF CONTRACT: |

1. Major responsibilities assigned during the review period (As per assigned duties)
2. Performance & Achievements (Please comment on the major achievements during the reporting period)
3. Quantitative Assessment

Staff Nurse

|  |  |  |
| --- | --- | --- |
| Sl.No. | Activities | Achievement |
| 1 | No of ANC registered/TT given |  |
| 2 | No of cases counseled for Family planning services  |  |
| 3 | Immunization by Staff nurse at UPH (Antigen wise) |  |
| 4 | No. of delivery cases handled at the facility |  |
| 5 | No. of infant/neonatal cases attended |  |

ANM

|  |  |  |
| --- | --- | --- |
| Sl.No. | Activities | Achievement |
| 1 | No of pregnant women immunized with 2 TT inj. And ensured with 3 ANC checkup and 2 postnatal visits  |  |
| 2 | No of Fully Immunized Children in her area |  |
| 3 | No of cases of malnutrition among infants and young children (upto 5 years) identified and necessary advice and treatment given or referred serious cases to Urban Health posts or District Hospital |  |

Details Regarding the Field Visit:

|  |  |  |
| --- | --- | --- |
| 1 | No of Sessions planned/held in Urban Slum areas  |  |
| 2 | No of ANC registered/immunized |  |
| 3 | No of Children immunized (antigen wise) |  |
| 4 | No of Malnourished children identified and referred  |  |
| 5 | No of cases counseled for Family planning services  |  |

Record Keeping:

|  |  |  |  |
| --- | --- | --- | --- |
| Records | Complete | Incomplete  | Not entered |
| MCH register |  |  |  |
| Eligible couple register |  |  |  |
| Clinic register |  |  |  |
| Stock register |  |  |  |

Data Assistant

|  |  |  |
| --- | --- | --- |
| Sl.No. | Activities | Achievement |
| 1 | Data entry of all required information/record on a concurrent basis and producing monthly/quarterly reports/formats |  |

Record Keeping:

|  |  |  |  |
| --- | --- | --- | --- |
| Records | Timely Submission | Late submission | Not submitted/entered |
| Janani Suraksha Yojana |  |  |  |
| Immunization |  |  |  |
| 24x7 deliveries services |  |  |  |
| National Disease control programme |  |  |  |
| HMIS feeding |  |  |  |

1. Qualitative Assessment
* Interpersonal Relationship (Attitude towards and degree of co-ordination with colleagues, Subordinates, Seniors and other departments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Behaviour with patients

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Flexibility and Adaptability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outstanding | Very Good | Good | Average | Poor |

* Is punctual

|  |  |  |
| --- | --- | --- |
| Always | Sometimes | Never |

* Is dependable for tasks assigned

|  |  |  |
| --- | --- | --- |
| Always | Sometimes | Never |

1. Any extraordinary achievement made or reasons for shortfall if any during the reporting period:
2. Remarks of the Assessing Authority

Overall assessment of the appraise:Recommendation: Contract Renewed / Contract Terminated

Date:

 Signature:

 Name & Designation